



STATE POLITICAL PARTY CONVENTION STATEMENT
SECRETARY OF STATE
SFN 58715 (12-2007)

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-4146
Toll Free 800-352-0867
Ext. 84146
Fax 701-328-2992
Web Site: www.nd.gov/sos

SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.1.

PLEASE PRINT

Section A

Name of state party			
State party address (street address or post office box)	City	State	Zip Code
Name of person completing this report		Daytime Telephone #	

Section B

TYPE OF REPORT	STATE CONVENTION DATE	REPORT DUE DATE	REPORT COVERS
<input type="checkbox"/> POST CONVENTION STATEMENT		Due sixty days after close of the state nominating convention	January 1 through thirty days after the close of the state nominating convention
<input type="checkbox"/> YEAR END STATEMENT		January 31 each year	Entire calendar year
<input type="checkbox"/> AMENDED (also mark applicable report being amended above)			

Section C

Cash on hand in fund on January 1	\$ _____
Cash on hand in fund at <u>end</u> of reporting period	\$ _____
Gross total of all revenue received in excess of \$200	\$ _____
Gross total of all revenue received of \$200 or less	\$ _____
Gross total of all expenditures made in excess of \$200	\$ _____
Gross total of all expenditures made of \$200 or less	\$ _____

Section D

Net gain transferred to state party fund (see instructions on back)	\$ _____
Net loss covered by state party fund (see instructions on back)	\$ _____

Section E

I, _____, certify that I have examined this Campaign Contribution Statement, including any attached addenda for filing with this statement, and to the best of my knowledge and belief it is true, correct and complete.	
_____ Signature of person completing this report	_____ Date

REPORTING REQUIREMENTS

STATE POLITICAL PARTIES: State political parties are required to establish a separate and segregated account for the management of their state nominating convention. All revenue obtained and expenditures made for the planning and running of your state convention must be accounted for in these accounts. A report has to be filed even if no reportable convention revenue was received or expenditures made within the calendar year. The boxes "No reportable revenue for reporting period" or "No reportable expenditures for reporting period" are provided for this purpose. State parties must report gross total of all revenue received and expenditures made of \$200 or less and the gross total of all revenue received and expenditures made in excess of \$200. Parties must also report total cash on hand in the filer's convention account at the start and close of the reporting period.

The State Political Party Convention Statement is required to be filed and must include a detailed listing of the aggregated totals of all revenue received from a single person or entity in excess of \$200, their name, mailing address, date of the most recent receipt of revenue and the purpose for which the revenue total was received. A political party must also report the occupation, employer, and principal place of business of each person from whom \$5,000 or more of revenue was received in the aggregate during the reporting period.

The report must also include the aggregated totals of all expenditures made to a single person or entity in excess of \$200, their name, mailing address, date of the most recent expense and the purpose or purposes for which the expenditure was disbursed.

Three reporting schedules are provided in the Political Party Convention Statement. **Schedule #1** is for reporting revenue received in excess of \$200 and under \$5,000. **Schedule #2** is for reporting revenue received of \$5,000 or more. **Schedule #3** is for reporting expenditures made in excess of \$200.

Aggregate totals must reference the date of the most recent transaction.

For this report, the term entity is defined as any group consisting of or representing more than one person.

INSTRUCTIONS FOR STATE POLITICAL PARTY CONVENTION STATEMENT

SECTION A: Party Convention Statements must include information pertaining to the state party for contact information purposes. The statement must include the name of the state party, the party address, name of person completing the report and a daytime telephone number.

SECTION B: Party Convention Statements must indicate whether the report is a post convention or a year end statement.

SECTION C: Enter cash on hand on January 1 and end of the reporting period. Report the gross total of all revenue received and expenditures made in excess of \$200 and the gross total of all revenue received and expenditures made of \$200 or less.

SECTION D: If a net gain from the convention is transferred to the accounts established for the support of the nomination or election of candidates, the total transferred must be reported as a contribution in the statements required by section 16.1-08.1-03.

If a net loss from the convention is covered by a transfer from the accounts established for the support of the nomination or election of candidates, the total transferred must be reported as an expenditure in the statement required by section 16.1-08.1-03.

SECTION E: The person completing the report must certify that the information contained in the report is true, correct, and complete by signing and dating the State Political Party Convention Statement.

FILING INSTRUCTIONS: State Political Party Convention Statements are deemed properly filed when deposited with or delivered to the Secretary of State within the prescribed time. A statement that is mailed is deemed properly filed when it is postmarked and directed to the Secretary of State within the prescribed time. If a statement is not received by the Secretary of State, a duplicate of the statement must be promptly filed upon notice by the Secretary of State of its non-receipt.

WHERE TO FILE:

Secretary of State, State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500 Fax 701-328-2992

SCHEDULE # 1 - Revenue Received In Excess of \$200 and under \$5,000

Page of

Attach additional pages if necessary. Please print.

☐ No reportable Revenue for reporting period.

NAME	ADDRESS	AGGREGATE TOTAL OF REVENUE	DATE OF MOST RECENT RECEIPT OF REVENUE MONTH/DAY/YEAR
EXAMPLE DOE, JOHN or ABC CORPORATION	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 250	03/15/08
Purpose(s) of revenue received: REGISTRATION FEES, BOOTH RENTAL, ADVERTISING			

NAME (last name, first name)	ADDRESS	AGGREGATE TOTAL OF REVENUE	DATE OF MOST RECENT RECEIPT OF REVENUE MONTH/DAY/YEAR
1	-----	\$	
Purpose(s) of revenue received:			
2	-----	\$	
Purpose(s) of revenue received:			
3	-----	\$	
Purpose(s) of revenue received:			
4	-----	\$	
Purpose(s) of revenue received:			
5	-----	\$	
Purpose(s) of revenue received:			
6	-----	\$	
Purpose(s) of revenue received:			
7	-----	\$	
Purpose(s) of revenue received:			
8	-----	\$	
Purpose(s) of revenue received:			
9	-----	\$	
Purpose(s) of revenue received:			

SCHEDULE # 2 - Revenue Received of \$5,000 or more

Attach additional pages if necessary. Please print.

NAME	ADDRESS	AGGREGATE TOTAL OF REVENUE	DATE OF MOST RECENT RECEIPT OF REVENUE MONTH/DAY/YEAR
EXAMPLE DOE, JOHN OR ABC CORPORATION	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 5,000	03/15/08
OCCUPATION : DOCTOR	EMPLOYER: GENERAL HOSPITAL	PRINCIPAL PLACE OF BUSINESS ADDRESS: ABC STREET, BISMARCK, ND 58501	
Purpose(s) of revenue received: REGISTRATION FEES, BOOTH RENTAL, ADVERTISING			

NAME (last name, first name)	ADDRESS	AGGREGATE TOTAL OF REVENUE	DATE OF MOST RECENT RECEIPT OF REVENUE MONTH/DAY/YEAR
1	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			
2	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			
3	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			
4	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			
5	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			
6	-----	\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
Purpose(s) of revenue received:			

SCHEDULE # 3 - Expenditures Made

Attach additional pages if necessary. Please print.

☐ No reportable expenditures for reporting period.

EXPENDITURE RECIPIENT	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENSE MONTH/DAY/YEAR
EXAMPLE BISMARCK CIVIC OR XYZ PRINTING	100 1ST AVENUE ----- BISMARCK ND 58501	\$ 250	03/15/08
Purpose(s) of expenditure: SPEAKERS, PRINTING, FACILITY RENTAL			

EXPENDITURE RECIPIENT (last name, first name)	ADDRESS	AGGREGATE AMOUNT	DATE OF MOST RECENT EXPENSE MONTH/DAY/YEAR
1	-----	\$	
Purpose(s) of expenditure:			
2	-----	\$	
Purpose(s) of expenditure:			
3	-----	\$	
Purpose(s) of expenditure:			
4	-----	\$	
Purpose(s) of expenditure:			
5	-----	\$	
Purpose(s) of expenditure:			
6	-----	\$	
Purpose(s) of expenditure:			
7	-----	\$	
Purpose(s) of expenditure:			
8	-----	\$	
Purpose(s) of expenditure:			
9	-----	\$	
Purpose(s) of expenditure:			